

**PLEASE NOTE: Only use this form for reporting Tuberculosis.**

**Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions\*****§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.**

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

**URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]**

- ☎ ! = Report immediately by telephone (designated by a\* in regulations).  
 † = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a● in regulations.)  
 FAX ☎ ☒ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).  
 = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

**REPORTABLE COMMUNICABLE DISEASES §2500(i)(1)**

	Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")	FAX ☎ ☒	Poliovirus Infection
FAX ☎ ☒	Amebiasis	FAX ☎ ☒	Psittacosis
	Anaplasmosis/Ehrlichiosis	FAX ☎ ☒	Q Fever
☎ !	Anthrax	☎ !	Rabies, Human or Animal
☎ !	Avian Influenza (human)	FAX ☎ ☒	Relapsing Fever
FAX ☎ ☒	Babesiosis		Rheumatic Fever, Acute
☎ !	Botulism (Infant, Foodborne, Wound)		Rocky Mountain Spotted Fever
☎ !	Brucellosis		Rubella (German Measles)
FAX ☎ ☒	Campylobacteriosis		Rubella Syndrome, Congenital
	Chancroid	FAX ☎ ☒	Salmonellosis (Other than Typhoid Fever)
FAX ☎ ☒	Chickenpox (only hospitalizations and deaths)	☎ !	Scombroid Fish Poisoning
	Chlamydia trachomatis infections, including Lymphogranuloma Venereum (LGV)	☎ !	Severe Acute Respiratory Syndrome (SARS)
☎ !	Cholera	☎ !	Shiga toxin (detected in feces)
☎ !	Ciguatera Fish Poisoning	FAX ☎ ☒	Shigellosis
	Coccidioidomycosis	☎ !	Smallpox (Variola)
FAX ☎ ☒	Colorado Tick Fever	FAX ☎ ☒	<i>Staphylococcus aureus</i> infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
	Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	FAX ☎ ☒	Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
FAX ☎ ☒	Cryptosporidiosis	FAX ☎ ☒	Syphilis
	Cysticercosis or Taeniasis		Tetanus
☎ !	Dengue		Toxic Shock Syndrome
☎ !	Diphtheria	FAX ☎ ☒	Trichinosis
☎ !	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX ☎ ☒	Tuberculosis
FAX ☎ ☒	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	☎ !	Tularemia
☎ !	<i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157	FAX ☎ ☒	Typhoid Fever, Cases and Carriers
† FAX ☎ ☒	Foodborne Disease		Typhus Fever
	Giardiasis	FAX ☎ ☒	<i>Vibrio</i> Infections
	Gonococcal Infections	☎ !	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
FAX ☎ ☒	<i>Haemophilus influenzae</i> invasive disease (report an incident less than 15 years of age)	FAX ☎ ☒	Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
☎ !	Hantavirus Infections	FAX ☎ ☒	West Nile Virus (WNV) Infection
☎ !	Hemolytic Uremic Syndrome	☎ !	Yellow Fever
	Hepatitis, Viral	FAX ☎ ☒	Yersiniosis
FAX ☎ ☒	Hepatitis A	☎ !	<b>OCCURRENCE of ANY UNUSUAL DISEASE</b>
	Hepatitis B (specify acute case or chronic)	☎ !	<b>OUTBREAKS of ANY DISEASE</b> (Including diseases not listed in § 2500). Specify if institutional and/or open community.
	Hepatitis C (specify acute case or chronic)		
	Hepatitis D (Delta)		
	Hepatitis, other, acute		
	Influenza deaths (report an incident of less than 18 years of age)		
	Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)		
	Legionellosis		
	Leprosy (Hansen Disease)		
	Leptospirosis		
FAX ☎ ☒	Listeriosis		
	Lyme Disease		
FAX ☎ ☒	Malaria		
FAX ☎ ☒	Measles (Rubeola)		
FAX ☎ ☒	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		
☎ !	Meningococcal Infections		
	Mumps		
☎ !	Paralytic Shellfish Poisoning		
	Pelvic Inflammatory Disease (PID)		
FAX ☎ ☒	Pertussis (Whooping Cough)		
☎ !	Plague, Human or Animal		

**HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20**

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, § 2641.5-2643.20 and <http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.aspx>

**REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2593(b)**

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases)\*\*

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) § 2593\*\*\*

**LOCALLY REPORTABLE DISEASES (If Applicable):**

\* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

\*\* Failure to report is a citable offense and subject to civil penalty (§250) (Health and Safety Code §105200).

\*\*\* The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: [www.ccrca.org](http://www.ccrca.org)